



BUNCOMBE COUNTY  
 PERMITS & INSPECTIONS  
 30 VALLEY STREET  
 ASHEVILLE, NC 28801

**INFORMAL INTERNAL REVIEW PROCESS FORM**

*Name/Phone number		
*Address		
*Case Number		
*Email		
*Address of inspection		
*Date of inspection		
*Type of inspection		
*Name of Inspector		
*Inspection result		
*Supporting evidence vs Inspection decision (Attach supporting documents)		
*this form submitted via (hand delivery/email/fax)		
<b>Remainder of form to be completed by Supervisor</b>		
Supervisor name/number		
Date of Submittal		Date of review
Summary of findings		
Date sent to Applicant		

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name)

I UNDERSTAND MY REVIEW WILL BE NOT BE PROCESSED IF THIS FORM IS NOT COMPLETE, ALL AREAS WITH "\*" WERE COMPLETED BY MYSELF. I ALSO UNDERSTAND A DECISION WILL BE REACHED WITHIN A REASONABLE AMOUNT OF TIME AS PER North Carolina G.S. 143-140 (a)